



2011 – 2012
ARIZONA HIGHLY QUALIFIED ATTESTATION FORM
SPECIAL EDUCATION: Not Teacher of Record (K-12)

Pursuant to requirements mandated by H.R. 1350, Sec. 602 – Individuals with Disabilities Education Improvement Act of 2004. To be completed by Special Education Teachers who are not the teacher of record.

Name:		SSN (last 4 digits):	
School:		District:	
Teacher Work Email:		School Start Date: (mm/yyyy)	

(Date teacher **first** began working at this school site)

Please check where applicable:

1. ☐ Holds a bachelor's degree

and

2. ☐ Holds a valid Arizona Special Education Certificate (A.R.S. §15-502.B) – intern, provisional, reciprocal or standard

a. List Disability Area(s): _____

and

3. ☐ **Not Teacher of Record** (Special education teachers who do not directly instruct students, or their role is limited to providing highly qualified teachers with consultation on the adaptation of curricula, or the use of behavioral supports and interventions, or the selection of appropriate accommodations, or assisting students with study or organization skills, or reinforcing instruction the child has already received from a teacher who is highly qualified in that core academic subject.

4. Teaching Assignment: _____
Grade(s)

Disability Area(s)

Periods taught in this disability area

If you checked 1, 2 and 3, under federal guidelines, you are considered **highly qualified**.

☐ **Highly Qualified Teacher**

☐ **Non-Highly Qualified Teacher**

I attest to the factual completion of this evaluation.

Signature of Teacher

Date

Printed Name of Principal

Signature of Principal

Date